

PYXIS REGULATORY CONSULTING, INC.

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Gig Harbor, WA 98332

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[www.PyxisRC.com](http://www.PyxisRC.com)

August 15, 2011

COURIER DELIVERY

Document Processing Desk (PRD-EDSP)  
Office of Pesticide Programs (7504P)  
U.S. Environmental Protection Agency  
One Potomac Yard (South Bldg.)  
2777 S. Crystal Dr.  
Arlington, VA 22202-4501  
ATTN: Wilhemena Livingston, CRM

RE: Willowood Tebuconazole LLC (Co. No. 87811) Initial Response to Endocrine Disruptor Screening Program (EDSP) Data Call-In (EDSP-128997-891)  
Tebuconazole (PC Code 128997)

Dear Ms. Livingston:

On behalf of Willowood Tebuconazole LLC (Willowood), please find Willowood's initial response to the Endocrine Disruptor Screening Program (EDSP) Data Call-In (DCI) for Tebuconazole (PC Code 128997). As indicated in the response, Willowood intends on entering into an agreement to join a Consortium to respond to the DCI.

Please note that this EDSP Test Order was initially sent to Willowood Propiconazole LLC, who was the holder of the technical tebuconazole registration. However, on June 16, 2011, this product was transferred from Willowood Propiconazole LLC to Willowood Tebuconazole LLC (Willowood Tebuconazole Technical old EPA Reg. No. was 87284-2, and the current EPA Reg. No. is 87811-1).

Please feel free to contact me if you have any questions or need any additional information.

Sincerely,



for Janelle Kay  
[Janelle@PyxisRC.com](mailto:Janelle@PyxisRC.com)  
Tel: (253) 853-7369



Enclosure

cc: Brian Heinze (Willowood Tebuconazole LLC)





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, D.C. 20460

OMB Control No.  
2070-0176

Endocrine Disruptor Screening Program (EDSP)  
FFDCA §408(p) Order/FIFRA §(3)(c)(2)(B) DATA CALL-IN (DCI)

INITIAL RESPONSE FORM for INDIVIDUAL ORDER RECIPIENTS

**Paperwork Reduction Act Notice:** The public reporting burden for this collection of information is estimated to average 1 hour per response. Send comments regarding the burden estimate to: Director, Collection Strategies Division (2822T), U.S. Environmental Protection Agency, Washington, DC 20460. Do not send the completed form to this address – follow the mailing instructions in the Order/DCI and Part 4 below.

**PART 1 Recipient Information (From the Order/DCI and Completed by EPA):**

1.1. Order/DCI Info:	A. Order/DCI #: EDSP-128997-891	B. Date Issued: 05/03/2011	C. Initial Response Due: 06/11/2011
1.2. Company Name: WILLOWOOD PROPRIONAZOLE, LLC-TEBUCONAZOLE LLC	1.3. Address: 4110 1136TH STREET, NW GIG HARBOR, WA 98332		
1.4. Contact Person: JANELLE KAY			
1.5. Chemical Info:	A. Chemical #: PC Code: 128997 CAS #: 107534-96-3	B. Chemical Name: Tebuconazole	C. Company #:(s): <del>87884</del> 87811

**PART 2 Recipient's Initial Response:** (Please refer to the Order/DCI for more information about response options, as well as detailed instructions on how to comply with the Order/DCI.)

☒ **2.1. I will generate new data or am citing/submitting existing data.**

For each assay, check the appropriate box in the following table and follow the Order/DCI instructions to attach the data and/or required documentation.

A. I will generate new data.

B. I am citing existing data and/or other scientifically relevant information.

C. I am submitting existing data and/or other scientifically relevant information.

D. I am entering (or offering to enter) into an agreement to form a Consortium/Task Force to respond to the Order/DCI. The Consortium/Task Force must provide a separate initial response within 150 calendar days from issuance of the Order/DCI (see Initial Response Form for Consortium/Task Force at <http://www.epa.gov/endo/>.)

Assays:	A	B	C	D	Required documentation is attached.
2.1.1. Amphibian Metamorphosis (Frog)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
2.1.2. Androgen Receptor Binding (Rat Prostate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
2.1.3. Aromatase (Human Recombinant)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
2.1.4. Estrogen Receptor Binding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
2.1.5. Estrogen Receptor Transcriptional Activation (Human Cell Line (HeLa-9903))	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
2.1.6. Fish Short-term Reproduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
2.1.7. Hershberger (Rat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
2.1.8. Female Pubertal (Rat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
2.1.9. Male Pubertal (Rat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
2.1.10. Steroidogenesis (Human Cell Line – H295R)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
2.1.11. Uterotrophic (Rat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>

☐ **2.2. I am citing and/or submitting other scientifically relevant information that I believe can be used to satisfy all of the Order/DCI.** ☐ Required documentation is attached.

☐ **2.3. I am not subject to the Order/DCI.** ☐ Required documentation is attached.

**These Response Options Apply Only to Registered Pesticides:**

☐ **2.4. I intend to voluntarily cancel the pesticide registration(s).** ☐ Required documentation is attached.

☐ **2.5. I intend to reformulate the product(s) to exclude this chemical from the formulation.** ☐ Required documentation is attached.

☐ **2.6. I am claiming a Formulators' Exemption.** ☐ Required documentation is attached.

**These Response Options Apply Only to Chemicals that are Other Ingredients (aka inerts):**

☐ **2.7. I have/am in the process of discontinuing the manufacture/import of this chemical.** ☐ Required documentation is attached.

☐ **2.8. I do not and will not sell my chemical for use as an inert ingredient to the pesticide market.**  
☐ Required documentation is attached.

**PART 3** 3.1. Certification. I certify that the statements made on this form and all attachments are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

**3.2. Company's Authorized Representative:**

Signature:

Name and Title (Please Print or Type):

Email address:

*Janelle Kay, Agent*  
*Janelle.Kay@epa.gov*

3.3. Date:

06/11/11

3.4. Phone Number:

253-553-7367

**Part 4**

**Submit Completed Form Using One of these Methods:**

- **Mail To:** Document Processing Desk (PRD-EDSP), Office of Pesticide Programs (7504P), U.S. Environmental Protection Agency, 1200 Pennsylvania Ave. NW, Washington, D.C. 20460.
- **Deliver To:** Document Processing Desk (PRD-EDSP), Office of Pesticide Programs (7504P), U.S. Environmental Protection Agency, One Potomac Yard (South Bldg.), 2777 S. Crystal Dr., Arlington, VA. Deliveries are only accepted 8:30 a.m. to 4 p.m., Monday through Friday, excluding legal holidays.